Quarterly Data Report Requirements

APPENDIX D – Pages 73-75 of Federal Communications Commission FCC 07-198

1. Project Contact and Coordination Information

a. Identify the project leader(s) and respective business affiliations.
b. Provide a complete address for postal delivery and the telephone, fax, and e-mail address for the responsible administrative official.
c. Identify the organization that is legally and financially responsible for the conduct of activities supported by the award.

	Project Coordinator	**Associate Project Coordinator**
Name	Edward Driesse	Randy Felder
Title	Chief Information Officer	Deputy IT Director
Company Name	Louisiana Dept. of Health & Hospitals	Louisiana Dept. of Health & Hospitals
Address	628 N. 4th Street Baton Rouge, LA 70802	628 N. 4th Street Baton Rouge, LA 70802
Email	edriesse@dhh.la.gov	mrfelder@dhh.la.gov
Telephone	(225) 342-5643	(225) 342-8498
Fax	(225) 342-0204	(225) 342-8514
Duties	Legally and financially responsible for the implementation of the pilot project as detailed in the guidelines posted by USAC.	Management of the day-to-day operations of the project as detailed in the guidelines posted by USAC
	Project Manager	**Project Manager**
Name	Michael Austin	Teresa Fong
Title	IT Management Consultant	Special Project Officer
Company Name	Louisiana Dept. of Health & Hospitals	Louisiana Dept. of Health & Hospitals
Address	628 N. 4th Street Baton Rouge, LA 70802	628 N. 4th Street Baton Rouge, LA 70802
Email	mdaustin@dhh.la.gov	teresaf@dh.la.gov
Telephone	(225) 342-8507	(225) 342-0191
Fax	(225) 342-8514	(225) 342-8514
Duties	RHCPP Design and Implementation	RHCPP Design and Implementation

d. Explain how project is being coordinated throughout the state or region.

La. DHH will establish a steering committee and working groups with representatives from the Louisiana Hospital Association, Louisiana Public Health Institute, Baton Rouge General Medical Center and CHRISTUS Health. DHH staff will provide technical assistance for public health sites. Members of the steering committee will coordinate technical and administrative functions with their respective constituencies.

2. Identify all health care facilities included in the network.

a. Provide address (including county), zip code, Rural Urban Commuting Area (RUCA) code (including primary and secondary), six-digit census tract, and phone number for each health care facility participating in the network.
b. For each participating institution, indicate whether it is:
i. Public or non-public;
ii. Not-for-profit or for-profit;
iii. An eligible health care provider or ineligible health-care provider with an explanation of why the health care facility is eligible under section 254 of the 1996 Act and the Commission's rules or a description of the type of ineligible health care provider entity.

Attached Excel Spreadsheet lists hospitals according to not-for-profit, public/federal government and public/state government. No for-profit facilities are proposed at this stage.

3. Network Narrative: In the first quarterly report following the completion of the competitive bidding process and the selection of vendors, the selected participant must submit an updated technical description of the communications network that it intends to implement, which takes into account the results its network design studies and negotiations with its vendors. This technical description should provide, where applicable:

a. Brief description of the backbone network of the dedicated health care network, e.g., MPLS network, carrier-provided VPN, a SONET ring;
b. Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speeds;
c. Explanation of how and where the network will connect to a national backbone such as NLR or Internet2;
d. Number of miles of fiber construction, and whether the fiber is buried or aerial;
e. Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.

Bidding/selection process not yet begun.

4. List of Connected Health Care Providers: Provide information below for all eligible and non-eligible health care provider sites that, as of the close of the most recent reporting period, are connected to the network and operational.

a. Health care provider site;
b. Eligible provider (Yes/No);
c. Type of network connection (e.g., fiber, copper, wireless);
d. How connection is provided (e.g., carrier-provided service; self-constructed; leased facility);
e. Service and/or speed of connection (e.g., DS1, DS3, DSL, OC3, Metro Ethernet (10 Mbps);
f. Gateway to NLR, Internet2, or the Public Internet (Yes/No);
Federal Communications Commission FCC 07-198
74
g. Site Equipment (e.g., router, switch, SONET ADM, WDM), including manufacturer name and model number.
h. Provide a logical diagram or map of the network.

To be determined.

5. Identify the following non-recurring and recurring costs, where applicable shown both as budgeted and actually incurred for the applicable quarter and funding year to-date.

a. Network Design
b. Network Equipment, including engineering and installation
c. Infrastructure Deployment/Outside Plant
i. Engineering
ii. Construction
d. Internet2, NLR, or Public Internet Connection
e. Leased Facilities or Tariffed Services
f. Network Management, Maintenance, and Operation Costs (not captured elsewhere)
g. Other Non-Recurring and Recurring Costs

To be determined.

6. Describe how costs have been apportioned and the sources of the funds to pay them:

a. Explain how costs are identified, allocated among, and apportioned to both eligible and ineligible network participants.
b. Describe the source of funds from:
i. Eligible Pilot Program network participants
ii. Ineligible Pilot Program network participants
c. Show contributions from all other sources (e.g., local, state, and federal sources, and other grants).
i. Identify source of financial support and anticipated revenues that is paying for costs not covered by the fund and by Pilot Program participants.
ii. Identify the respective amounts and remaining time for such assistance.
d. Explain how the selected participant's minimum 15 percent contribution is helping to achieve both the selected participant's identified goals and objectives and the overarching goals of the Pilot Program.

To be determined.

7. Identify any technical or non-technical requirements or procedures necessary for ineligible entities to connect to the participant's network.

To be determined.

8. Provide on update on the project management plan, detailing:

a. The project's current leadership and management structure and any changes to the management structure since the last data report; and
b. In the first quarterly report, the selected applicant should provide a detailed project plan and schedule. The schedule must provide a list of key project deliverables or tasks, and their anticipated completion dates. Among the deliverables, participants must indicate the dates when each health care provider site is expected to be connected to the network and operational. Subsequent quarterly reports should identify which project deliverables, scheduled for the previous quarter, were met, and which were not met. In the event a project deliverable is not achieved, or the work and deliverables deviate from the work plan, the selected participant must provide an explanation.

Original application overlooked most of the public health facilities in the State, even those within Dept. of Health and Hospitals. Those facilities have been added, increasing the number of sites from 80 to approximately 260. DHH acknowledges that the funding cap ($15.9M) remains even if sites are added. DHH will submit separately a detailed project plan for USAC approval that includes all sites and remains within the funding cap.

9. Provide detail on whether network is or will become self sustaining. Selected participants should provide an explanation of how network is self sustaining.

To be determined.

10. Provide detail on how the supported network has advanced telemedicine benefits:

a. Explain how the supported network has achieved the goals and objectives outlined in selected participant's Pilot Program application;
b. Explain how the supported network has brought the benefits of innovative telehealth and, in particular, telemedicine services to those areas of the country where the need for those benefits is most acute;
c. Explain how the supported network has allowed patients access to critically needed medical specialists in a variety of practices without leaving their homes or communities;
d. Explain how the supported network has allowed health care providers access to government research institutions, and/or academic, public, and private health care institutions that are repositories of medical expertise and information;
e. Explain how the supported network has allowed health care professional to monitor critically ill patients at multiple locations around the clock, provide access to advanced applications in continuing education and research, and/or enhanced the health care community's ability to provide a rapid and coordinated response in the event of a national crisis.

To be determined.

11. Provide detail on how the supported network has complied with HHS health IT initiatives:

a. Explain how the supported network has used health IT systems and products that meet interoperability standards recognized by the HHS Secretary;
b. Explain how the supported network has used health IT products certified by the Certification Commission for Healthcare Information Technology;
c. Explain how the supported network has supported the Nationwide Health Information Network (NHIN) architecture by coordinating activities with organizations performing NHIN trial implementations;
d. Explain how the supported network has used resources available at HHS's Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology;
e. Explain how the selected participant has educated themselves concerning the Pandemic and All Hazards Preparedness Act and coordinated with the HHS Assistant Secretary for Public Response as a resource for telehealth inventory and for the implementation of other preparedness and response initiatives; and
f. Explain how the supported network has used resources available through HHS's Centers for Disease Control and Prevention (CDC) Public Health Information Network (PHIN) to facilitate interoperability with public health and emergency organizations.

12. Explain how the selected participants coordinated in the use of their health care networks with the Department of Health and Human Services (HHS) and, in particular, with its Centers for Disease Control and Prevention (CDC) in instances of national, regional, or local public health emergencies (e.g., pandemics, bioterrorism). In such instances, where feasible, explain how selected participants provided access to their supported networks to HHS, including CDC, and other public health officials.